

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5799</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Leon Blocker P.O. Box, Bldg., Room No., if any Street 9466 kaki Lane City Lakeland State Tennessee ZIP Code + 4 38002	4. Name, file number, and address of labor organization. Name Woodworkers District Lodge W2, IAM&AW Labor Organization File Number 531-721 P.O. Box, Building and Room Number, if any Street 1962 Madison Avenue City Memphis State Tennessee ZIP Code + 4 38104
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Leon Blocker</u>	On <u>8/4/05</u> Date 901 272-7557 Telephone Number

Name of Person Filing Leon Blocker	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name The Nelson Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2929 NW 31st Avenue City Portland State Oregon ZIP Code + 4 97210	11.a. Nature of such dealing. Reimbursement of expenses as Trustee <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">11.b. Approximate dollar value of such dealing.</td> <td style="text-align: right; padding: 5px;">\$2,669</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">12.a. Nature of interest held or income received.</td> </tr> <tr> <td style="padding: 5px;">Reimbursement of expenses as Trustee</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">12.b. Amount.</td> <td style="text-align: right; padding: 5px;">\$2,669</td> </tr> </table>	11.b. Approximate dollar value of such dealing.	\$2,669	12.a. Nature of interest held or income received.	Reimbursement of expenses as Trustee	12.b. Amount.	\$2,669
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Reimbursement of expenses as Trustee							
12.b. Amount.	\$2,669						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.